## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

أنسد	FOR STATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED  SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCU	JMENT # <b>7397</b>				01 DEC -5	PM 4: 00		
BROMELIAD SOCIETY OF CENTRAL FLORIDA, INC.								
Principal Pl	ace of Business	Mailing Add	2000					
361578QCG	Y SREEK RD	•	3615/BOGGY/CREEK RD					
ng /		405	65			TATEMEN		
	ddresses are incorrect in any way, line			correction below.	4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ncipal Office Address, If Applicable	Pior	3. New Mailing Office Address, If Applicable P.O. Box 536961			4. Date Incorporated or Qualified To Do Business in Florida 07/29/1977		
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State	•	City & State				59-1882896	Not Applicable	
Zip Country		Zip			6. CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status		S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City	// State / Zip	
ΡΦ	JOHNSON GEOFF KATHY LAW		3961 MARKHAM WOODS RD 4363 RADIO AVIE		<u> </u>	LONGWOOD FL. SAN FORD,	FL 32113	
vb				11 <del>11 GLEN GARRY CIRC</del> LE 2425 PEACOCK COURT		MATTLAND FL 3275 ST. CLOUD,	1 FL 34771	
TĎ .	TD MCCRORY, ELIZABETH EDWARD HALL			3615 BOGGY CREEK AD III GLEN GARRY CR.			14 , FL 32751	
SD HANDLEY, PEGGY PAM FLESHER			7 <del>11 MONMOUTH W</del> AY P. O, BO× 3 ]			WINTER PARK FL 3	2742 LE, FL 34786	
e <sup>r</sup>								
						<del></del>		
Name and Address of Current Registered Ager				*****175.00 *****175 9. Name and Address of New Registered Agent				
a. Name and Address of Corrent Registered Agent S. Name							<u> </u>	
WOOD, J.BRIAN					O Box Number	is Not Acceptable)		
37 CR	OTON DR.		Street Address (P.O. Box Number is Not Acceptable)			CR2E040 (8/01)		
ORLAN	IDO FL 32807		-12/26/0101077010					
City					*******61 - 25 *******61 - 25 FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Date 12/03/01 REGISTERED AGENT MUST SIGN								
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: Edward C. Hall 12/03/01 407-647-2039 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								